## GUAT SEL

## **RELEASE OF INFORMATION - SEARCH/DISCLOSURE**

DEPARTMENT OF HUMAN SERVICES CHILDREN AND FAMILY SERVICES-ADOPTIONS SFN 1992 (Rev. 08-2005)

Name	Address	
City	State	Zip Code
Agency Name		
In order for the licensed child placing agency or North Dakota I information about you, either at the time of adoptive placement permission. Please indicate how much information may be release.	or during a searc	ch process, it is necessary to have your
CHECK APPROPRIATE BOX:		
1. I do not authorize this agency to share any information about me.		
The agency may share the following information about the shared:  Information to be shared:	out me.	
3. The agency may share identifying information about me, including my name, address, and telephone number.		
Signature		Date
Maiden Name (if applicable)		I
Please indicate if you are:		

Birth Parent

Birth Sibling

**Adoptive Parent** 

**DISTRIBUTION:** ORIGINAL - Child Placing Agency

Adopted Individual

**COPY** - Client, NDDHS

Child of Deceased Adopted Individual